

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 140
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village San Carlos
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Harney
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes
7. Date of birth I/II/29
Month Day Year

8. FATHER
Full name Gilbert Harney
9. Residence (Usual place of abode) San Carlos, Ariz.
If non-resident, give place and state.
10. Color or race Apache
4/4 Indian 11. Age at last birthday 38 (Years)
12. Birthplace (city or place) San Carlos, Ariz.
(State or country)
13. Occupation
Nature of industry common labor
20. Number of children of this mother. _____
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
Full maiden name Nellie Dickens
15. Residence (Usual place of abode) San Carlos, Ariz.
If non-resident, give place and state.
16. Color or race Apache
4/4 Indian 17. Age at last birthday 27 (Years)
18. Birthplace (city or place) Ft. Mc. Dowell, Ariz.
(State or country)
19. Occupation
Nature of industry housewife
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer
(Physician or midwife).

Given name added from a supplemental report _____ Address San Carlos, Ariz.
Month, day, year
888-111-542 Filed _____, 19____ C. H. Sawyer Registrar